NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THE FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: __09027205__

Total Fee Calculation

	Fee Code Sm./Lg.	Total # Claims	Number Extra	X	Fee Sm. Entity	Fee = Lg. Entity	Total
Basic Filing Fee	201/101				___	790	790
Total Claims >20	203/103	54	-20 = 34	X	___	22	748
Independent Claims >3	202/102	4	-3 = 1	X	___	82	82
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	___	___
English Translation	139						___

TOTAL FEE CALCULATION

1750

Fees due upon filing the application:

Total Filing Fees Due = $ ___1750___

Less Filing Fees Submitted   - $ _____

BALANCE DUE   = $ ___1750___

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 1997

Application or Docket Number

O9027205

(handwritten top left) 12, 33, 43, 54

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)	SMALL ENTITY TYPE [ ] RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE				395.00	OR		790.00
TOTAL CLAIMS	54 minus 20 =	* 34	x$11=		OR	x$22=	748
INDEPENDENT CLAIMS	~~4~~ 5 minus 3 =	* 2	x41=		OR	x82=	~~82~~ 164
MULTIPLE DEPENDENT CLAIM PRESENT			+135=		OR	+270=	
			TOTAL		OR	TOTAL	1702

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	*	Minus **	=	x$11=		OR	x$22=	
Independent	*	Minus ***	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	* 32	Minus ** 54	=	x$11=		OR	x$22=	
Independent	* 5	Minus *** 5	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT (crossed out)

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)	HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	* 36	Minus ** ~~54~~ 33	= 3	x$11=		OR	x$22=	54.-
Independent	* 4	Minus *** ~~5~~ 6	=	x41=		OR	x82=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+135=		OR	+270=	270
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	324

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 8/97)   'U.S. Government Printing Office: 1997 - 430-571/69194   Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE